

Volunteer Application Form

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|--|---|------------------------|--------------------------------|--|--|
| Full Name: | | | | | |
| Street Address: | | | | | |
| Suburb: | | Postcode: | | | |
| Email: | | Contact Number: | | | |
| Emergency Contact Information: | Name: | | | | |
| | Phone Number: | | Other Number: | | |
| | Email: | | Relationship: | | |
| Please specify which days and times you are available: | | | | | |
| Do you have any pre-existing medical conditions or special needs which may affect or restrict the type of work you do as a volunteer? | <input type="checkbox"/> No <input type="checkbox"/> Yes (please provide further information): | | | | |
| Do you hold a valid Australian Driver Licence? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Willing to obtain | | Drivers Licence Number: | | |
| | | | Expiry Date: | | |
| Do you have a Criminal Background Check obtained within the past 3 months? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Willing to obtain | | Verification Number: | | |
| | | | Date Obtained: | | |
| If Applicable, do you have a valid Working With Children Check? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Willing to obtain | | Notice Number: | | |
| | | | Expiry Date: | | |

VOLUNTEER TERMS AND CONDITIONS

1. No payment will be made to volunteers by the *City of Kalgoorlie-Boulder*;
2. Volunteers are expected to take reasonable care for their own safety and ensure they do not adversely affect the health and safety of other people when assisting in *City of Kalgoorlie-Boulder* approved volunteer activities. Provided they take reasonable care and are participating in council approved activities the worker or other participating person's will be covered by the *City of Kalgoorlie-Boulder* insurance;
3. Should any incident or near miss (resulting in injury or damage to property or any other parties) occur to you while you are acting as a volunteer of *City of Kalgoorlie-Boulder*, you must notify your Supervisor immediately, or as soon as practicable;
4. It is the responsibility of the volunteer to wear appropriate clothing and footwear and ensure they have adequate protection;
5. Volunteers are to abide by the policies and procedures of both the *City of Kalgoorlie-Boulder* and the individual business units and agree to uphold the *Code of Conduct* and respect confidentiality;
6. Individual business units and agree to uphold the *Code of Conduct* and respect confidentiality.

DECLARATION

I declare the information provided in this registration form are true in all respects. I acknowledge that any statement which is found to be false or deliberately misleading could lead to my application for volunteering at the *City of Kalgoorlie-Boulder* to be declined. I also understand that this application does not guarantee a volunteer position or result in employment at *City of Kalgoorlie-Boulder*.

Full Name: _____

Signature: _____

Date: _____